

State of California
Department of Industrial Relations
Office of Self Insurance Plans
Mark Johnson, Manager
2265 Watt Avenue, Suite 1
Sacramento, CA 95825

Date: _____

REQUEST FOR INTERIM CERTIFICATE FOR GROUP MEMBER

Dear Mr. Johnson:

Please consider this request for issuance for an Interim Certificate of Consent to Self-Insure for the following member of our private self insured group.

which holds Certificate of Consent to Self-Insure No. _____

1. Legal Name of Group Member: _____

(For correct legal name of a California Corporation you can view <http://kepler.ss.ca.gov/list.html>)

(If a General Partnership-you can check your general partnership agreement)

(If Sole Proprietorship- you can check on your business license, or your filing of your Federal Tax ID or Franchise Tax State filing)

2. State of incorporation of Group Member: _____

3. Federal Tax Identification Number of Group Member: _____

4. Requested Effective Date of Interim Certificate: _____

5. Nature of Business: _____

6. 3-digit NAICS Code: _____ **OR** two digit SIC Code: _____

7. Annual California Payroll of member during the last 12 months or the latest 12 month period that payroll figures are available:

\$ _____ Period Reported: _____ to _____

8. Current experience modification: _____

If the Interim Certificate above is granted, on behalf of the Master Certificateholder named above, I hereby bind our company to be financially responsible to pay all workers' compensation claim liabilities arising out of the period of time the Interim Certificate is granted.

Please forward the application forms to this office for completion. **I am aware the Interim Certificate will remain in effect for 180 days and the application process must be completed within this time period and that no extension may be granted.**

Sincerely,

Signature

Typed Name/Title: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip+4 _____

Phone: () _____ Fax: () _____